



MOTOR CARRIER PERMIT INFORMATION REQUEST

SECTION 1—Requestor's Information

REQUESTOR'S NAME (FIRST, MI, LAST)			DAYTIME TELEPHONE NUMBER ()
ADDRESS			YOUR REQUEST WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE NONREFUNDABLE PROCESSING FEE (SEE SECTION 3 BELOW)
CITY	STATE	ZIP CODE	

SECTION 2—Record Requested

CA#	COMPANY OR INDIVIDUAL NAME		
ADDRESS	CITY	STATE	ZIP CODE

SECTION 3—Record Information (The Employer Pull Notice, Driver License Number, Employer Identification Number, and Social Security Number are identified as personal information **will not be released** per the Driver Privacy Protection Act of 1994.)

☐ Application—\$20 per year (indicate years) _____

☐ Insurance—\$20 per photocopied certificate

☐ Liability Insurance Policy Number _____ Year _____

☐ Worker's Compensation Policy Number _____ Year _____

☐ Duplicate Permit—\$15

☐ Carrier Status Screen Prints—\$5 per screen

☐ Carrier List—\$125 per CD Rom

☐ Certified Record as a true copy of record on file with the Department of Motor Vehicles

☐ Other (describe) _____

SECTION 4—Record Purpose Clearly explain the purpose for requesting record(s). Be factual and provide details. If additional space is needed, please attach a separate sheet.

SECTION 5—Requestor's Certification Statement, Signature, and Driver License/Identification Card

I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct. The information will not be used for any unlawful purpose. I understand that if I provide false information, I may be subject to prosecution for false representation (California Vehicle Code Section 1808.5). This is punishable by a maximum fine of five thousand dollars (\$5,000) or a maximum imprisonment of one year in the county jail or both.

EXECUTED AT (CITY, COUNTY, STATE)

ON (DATE)

SIGNATURE

DRIVER LICENSE/ID NUMBER

X**Please complete and mail this form, along with payment to:**

Department of Motor Vehicles
Motor Carrier Permit Branch, G-875
P.O. Box 932370
Sacramento, CA 94232-3700

QUESTIONS?

If you have any questions, need additional forms or assistance in completing this form, telephone the Department of Motor Vehicles, Motor Carrier Permit Branch at (916) 657-8153.

DATE FEES RECEIVED